| Fill                                                                                                                    | in this informa            | ation to identify yo                                    | our case:                  |                                                                            |                                              |                              |                                          |                                               |  |  |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------|----------------------------|----------------------------------------------------------------------------|----------------------------------------------|------------------------------|------------------------------------------|-----------------------------------------------|--|--|
| Debtor 1 Robert J. Antonacci, II                                                                                        |                            |                                                         |                            |                                                                            |                                              | Check if this is:            |                                          |                                               |  |  |
|                                                                                                                         |                            |                                                         |                            |                                                                            |                                              | An amended filing            |                                          |                                               |  |  |
|                                                                                                                         | tor 2<br>ouse, if filing)  | Nicole L. An                                            | tonacci                    |                                                                            |                                              |                              |                                          | ving postpetition chapter the following date: |  |  |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA                                                |                            |                                                         |                            |                                                                            |                                              |                              | MM / DD / YYYY                           |                                               |  |  |
| Case number 19-13038                                                                                                    |                            |                                                         |                            |                                                                            |                                              |                              |                                          |                                               |  |  |
| (If kr                                                                                                                  | nown)                      |                                                         |                            |                                                                            |                                              |                              |                                          |                                               |  |  |
| Of                                                                                                                      | fficial Fo                 | orm 106J                                                |                            |                                                                            |                                              |                              |                                          |                                               |  |  |
|                                                                                                                         |                            | J: Your l                                               |                            |                                                                            |                                              |                              |                                          | 12/15                                         |  |  |
| info                                                                                                                    | ormation. If n             | and accurate as<br>nore space is ne<br>vn). Answer ever | eded, atta                 | . If two married people an<br>ch another sheet to this<br>n.               | e filing together, bo<br>form. On the top of | oth are equa<br>any addition | lly responsible fo<br>nal pages, write y | or supplying correct<br>your name and case    |  |  |
| Par                                                                                                                     |                            | ribe Your House                                         | hold                       |                                                                            |                                              |                              |                                          |                                               |  |  |
| 1.                                                                                                                      | Is this a joi  ☐ No. Go to |                                                         |                            |                                                                            |                                              |                              |                                          |                                               |  |  |
|                                                                                                                         |                            | es Debtor 2 live i                                      | in a separa                | ate household?                                                             |                                              |                              |                                          |                                               |  |  |
|                                                                                                                         | ■ N                        |                                                         | st file Offici             | al Form 106J-2, <i>Expenses</i>                                            | s for Separate Housei                        | <i>hold</i> of Debto         | or 2.                                    |                                               |  |  |
| 2.                                                                                                                      |                            | ve dependents?                                          | □ No                       | , ,                                                                        | ,                                            |                              |                                          |                                               |  |  |
|                                                                                                                         | •                          | Debtor 1 and                                            | Yes.                       | Fill out this information for each dependent                               | Dependent's relation                         |                              | Dependent's age                          | Does dependent live with you?                 |  |  |
|                                                                                                                         | Do not state               | the                                                     |                            |                                                                            |                                              |                              |                                          | □ No                                          |  |  |
|                                                                                                                         | dependents                 |                                                         |                            |                                                                            | Son                                          |                              | 3                                        | Yes                                           |  |  |
|                                                                                                                         |                            |                                                         |                            |                                                                            |                                              |                              |                                          | □ No                                          |  |  |
|                                                                                                                         |                            |                                                         |                            |                                                                            |                                              |                              |                                          | ☐ Yes<br>☐ No                                 |  |  |
|                                                                                                                         |                            |                                                         |                            |                                                                            |                                              |                              |                                          | ☐ Yes                                         |  |  |
|                                                                                                                         |                            |                                                         |                            |                                                                            |                                              |                              |                                          | □ No                                          |  |  |
| 3.                                                                                                                      | Do your ox                 | penses include                                          | _                          |                                                                            |                                              |                              |                                          | ☐ Yes                                         |  |  |
| Э.                                                                                                                      | expenses o                 | of people other tl                                      | han $_{oldsymbol{\sqcap}}$ | No<br>Yes                                                                  |                                              |                              |                                          |                                               |  |  |
|                                                                                                                         |                            | d your depende                                          |                            |                                                                            |                                              |                              |                                          |                                               |  |  |
| exp                                                                                                                     | imate your e               | a date after the b                                      | our bankrı                 | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                                              |                              |                                          |                                               |  |  |
|                                                                                                                         |                            |                                                         |                            | government assistance i                                                    |                                              |                              |                                          |                                               |  |  |
| the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.)               |                            |                                                         |                            |                                                                            |                                              | Your expenses                |                                          |                                               |  |  |
| 4. The rental or home ownership expenses for your residence. Include first payments and any rent for the ground or lot. |                            |                                                         |                            |                                                                            |                                              | 4. \$                        |                                          | 1,422.56                                      |  |  |
|                                                                                                                         | If not inclu               | ded in line 4:                                          |                            |                                                                            |                                              |                              |                                          |                                               |  |  |
|                                                                                                                         | 4a. Real                   | estate taxes                                            |                            |                                                                            |                                              | 4a. \$                       |                                          | 0.00                                          |  |  |
|                                                                                                                         | 4b. Prope                  | erty, homeowner's                                       |                            |                                                                            |                                              | 4b. \$                       |                                          | 0.00                                          |  |  |
|                                                                                                                         |                            | e maintenance, re                                       |                            |                                                                            |                                              | 4c. \$                       |                                          | 0.00                                          |  |  |
| 5.                                                                                                                      |                            | eowner's associat                                       |                            | dominium dues<br><b>our residence,</b> such as ho                          | me equity loans                              | 4d. \$<br>5. \$              |                                          | 0.00                                          |  |  |
| ٠.                                                                                                                      |                            | 3-9- Payin                                              |                            |                                                                            |                                              | σ. ψ                         |                                          | 0.00                                          |  |  |

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| Debtor 1<br>Debtor 2 |                | . Antonacci, II<br>Antonacci                                                                                                                                                      | Case num                     | ber (if known)            | 19-13038                      |
|----------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|-------------------------------|
| 6. <b>Util</b> i     | ities:         |                                                                                                                                                                                   |                              |                           |                               |
| 6a.                  |                | heat, natural gas                                                                                                                                                                 | 6a.                          | \$                        | 250.00                        |
| 6b.                  | •              | ver, garbage collection                                                                                                                                                           | 6b.                          |                           | 60.00                         |
| 6c.                  | •              | , cell phone, Internet, satellite, and cable services                                                                                                                             | 6c.                          | ·                         | 270.00                        |
| 6d.                  | •              | cify: Cable/Internet/Phone                                                                                                                                                        | 6d.                          | \$                        | 165.00                        |
| 7. <b>Foo</b>        |                | ekeeping supplies                                                                                                                                                                 |                              | \$                        | 575.00                        |
|                      |                | hildren's education costs                                                                                                                                                         | 8.                           | \$                        | 300.00                        |
| -                    |                | ry, and dry cleaning                                                                                                                                                              | 9.                           | \$                        | 150.00                        |
|                      | •              | roducts and services                                                                                                                                                              | 10.                          | \$                        | 200.00                        |
|                      | •              | ntal expenses                                                                                                                                                                     | 11.                          | ·                         | 100.00                        |
|                      |                | Include gas, maintenance, bus or train fare.                                                                                                                                      |                              | <u> </u>                  | 100.00                        |
|                      | not include ca |                                                                                                                                                                                   | 12.                          | \$                        | 290.00                        |
|                      |                | clubs, recreation, newspapers, magazines, and books                                                                                                                               | 13.                          | \$                        | 0.00                          |
| 4. Cha               | ritable conti  | ributions and religious donations                                                                                                                                                 | 14.                          | \$                        | 0.00                          |
| 15. <b>Ins</b> ı     | ırance.        | -                                                                                                                                                                                 |                              |                           |                               |
| Doi                  | not include in | surance deducted from your pay or included in lines 4 or 20.                                                                                                                      |                              |                           |                               |
| 15a                  | . Life insura  | nce                                                                                                                                                                               | 15a.                         | *                         | 11.00                         |
|                      | . Health insu  |                                                                                                                                                                                   | 15b.                         | \$                        | 0.00                          |
| 15c                  | . Vehicle ins  | surance                                                                                                                                                                           | 15c.                         | \$                        | 124.18                        |
| 15d                  | . Other insu   | rance. Specify:                                                                                                                                                                   | 15d.                         | \$                        | 0.00                          |
| 6. <b>Tax</b>        | es. Do not in  | clude taxes deducted from your pay or included in lines 4 or 20.                                                                                                                  |                              |                           |                               |
| Spe                  | cify:          |                                                                                                                                                                                   | 16.                          | \$                        | 0.00                          |
|                      |                | ease payments:                                                                                                                                                                    |                              |                           |                               |
| 17a                  | . Car payme    | ents for Vehicle 1                                                                                                                                                                | 17a.                         | \$                        | 350.91                        |
|                      |                | ents for Vehicle 2                                                                                                                                                                | 17b.                         | \$                        | 0.00                          |
| 17c.                 | . Other. Spe   | ecify:                                                                                                                                                                            | 17c.                         | \$                        | 0.00                          |
| 17d                  | . Other. Spe   | ecify:                                                                                                                                                                            | 17d.                         | \$                        | 0.00                          |
|                      |                | of alimony, maintenance, and support that you did not report as                                                                                                                   |                              |                           | 0.00                          |
|                      |                | our pay on line 5, Schedule I, Your Income (Official Form 106I).                                                                                                                  | 18.                          | \$                        | 0.00                          |
|                      |                | you make to support others who do not live with you.                                                                                                                              |                              | \$                        | 0.00                          |
|                      | cify:          |                                                                                                                                                                                   | 19.                          |                           |                               |
|                      |                | erty expenses not included in lines 4 or 5 of this form or on Scho                                                                                                                |                              |                           | 0.00                          |
|                      |                | on other property                                                                                                                                                                 | 20a.                         | ·                         | 0.00                          |
|                      | . Real estate  |                                                                                                                                                                                   | 20b.                         | ·                         | 0.00                          |
|                      |                | nomeowner's, or renter's insurance                                                                                                                                                | 20c.                         |                           | 0.00                          |
|                      |                | ce, repair, and upkeep expenses                                                                                                                                                   | 20d.                         | ·                         | 0.00                          |
|                      |                | er's association or condominium dues                                                                                                                                              | 20e.                         |                           | 0.00                          |
|                      | er: Specify:   | Pet expenses                                                                                                                                                                      | 21.                          |                           | 60.00                         |
| Wo                   | rk clothes/    | expenses                                                                                                                                                                          |                              | _+\$                      | 20.00                         |
| 2 Cal                | culate vour r  | nonthly expenses                                                                                                                                                                  |                              |                           |                               |
|                      | . Add lines 4  | · ·                                                                                                                                                                               |                              | \$                        | 4,348.65                      |
|                      |                | 2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                                                                                                              |                              | \$                        | 7,040.00                      |
|                      |                |                                                                                                                                                                                   |                              | · <u> </u>                | 4 2 4 2 6 5                   |
| 22C                  | . Add line 22a | a and 22b. The result is your monthly expenses.                                                                                                                                   |                              | \$                        | 4,348.65                      |
| 23. <b>Cal</b>       | culate your r  | monthly net income.                                                                                                                                                               |                              | L                         |                               |
|                      | -              | 12 (your combined monthly income) from Schedule I.                                                                                                                                | 23a.                         | \$                        | 5,211.12                      |
|                      |                | monthly expenses from line 22c above.                                                                                                                                             | 23b.                         |                           | 4,348.65                      |
|                      | 177: ***       |                                                                                                                                                                                   |                              |                           | .,0 .0.00                     |
| 23c                  |                | our monthly expenses from your monthly income. is your <i>monthly net income</i> .                                                                                                | 23c.                         | \$                        | 862.47                        |
| _                    |                |                                                                                                                                                                                   |                              | _                         |                               |
| For e                | example, do yo | In increase or decrease in your expenses within the year after you<br>u expect to finish paying for your car loan within the year or do you expect you<br>terms of your mortgage? | ou file this<br>r mortgage p | form?<br>payment to incre | ease or decrease because of a |
|                      |                |                                                                                                                                                                                   |                              |                           |                               |
|                      |                | Evoloin horo:                                                                                                                                                                     |                              |                           |                               |
|                      | res.           | Explain here:                                                                                                                                                                     |                              |                           |                               |